


United States Bankruptcy Court for the Southern District of New York


**WITHDRAWAL OF CLAIM**

Debtor Name and Case Number:	LEHMAN BROTHERS HOLDINGS INC
Creditor Name and Address:	BANQUE THALER S.A. RUE PIERRE-FATIO 3 GENEVE 3 CH-1211 SWITZERLAND 
Court Claim Number (if known):	43383
Date Claim Filed:	SEE ENCLOSED DETAILS OF THE CLAIM
Total Amount of Claim Filed:	PROPOSED CLAIMED AMOUNT OF \$36'121.08

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor.

Dated: 21ST OF OCTOBER 2011

Print Name: 

Title (if applicable):   
Olivier Guerin  
Fondé de Pouvoir

Patrice Berclaz  
Directeur

**DEFINITIONS**

***Debtor***

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

***Creditor***

A creditor is any person, corporation, or other entity to which the debtor owed a debt.

***Proof of Claim***

A form filed with the clerk of the bankruptcy court where the bankruptcy case was filed, to tell the bankruptcy court how much the debtor owed a creditor (the amount of the creditor's claim).

**ITEMS TO BE COMPLETED ON THIS WITHDRAWAL OF CLAIM**

***Court, Name of Debtor and Case Number:***

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

***Information about Creditor:***

Complete the section giving the name and address of the creditor that was listed on the previously filed Proof of Claim form.

***Information identifying the Claim that is to be withdrawn:***

Complete the section giving the court claim number, date claim was filed and total amount of claim filed to help identify the claim that is to be withdrawn.

Sign and print the name and title, if any, of the creditor or other person authorized to file this withdrawal of claim (attach copy of power of attorney, if any).

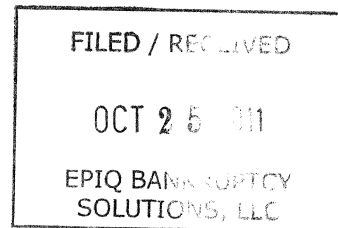
**This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed or, if applicable, with their duly appointed Claims Agent as per any procedure approved by the court in the above-referenced bankruptcy proceeding.**

BanqueThaler

Epiq Bankruptcy Solutions, LLC  
Attn: Lehman Brothers Holdings  
Claims Processing  
757 Third Avenue, 3rd Floor  
New York, NY 10017,  
USA

Date : 24<sup>th</sup> of October 2011

Subject: withdrawal of Claim XS0335226659



Dear Madam, Sir,

Please find enclosed a request for the withdrawal of our Claim number 43383 (details of the claim are attached to the withdrawal request).

In case of you need additional information, please do not hesitate to contact Ollivier Guerin (+41 22 707 0964/ [oguerin@banquethaler.ch](mailto:oguerin@banquethaler.ch)).

Yours faithfully,

Two handwritten signatures in black ink. The first signature is on the left, and the second is on the right.

Ollivier Guerin

Patrice Berclaz

**EXPRESS** **Shipment Air Waybill** (Not negotiable)

440 9882 794 GVA

2 7 7 P

1 **Payer account number and insurance details**

Charge to ☐ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card

Payer Account No. \_\_\_\_\_

Shipment Insurance see reverse ☐ Not all payment options are available in all countries.

2 **From (Shipper)**

Shipper's account number 150208279 Contact name \_\_\_\_\_

Shipper's reference (up to 32 characters but only first 12 will be shown on invoice) \_\_\_\_\_

Company name Banque Thaler SA

Address Rue Platten 1113 3 / CP 3335 GENÈVE 3 SWITZERLAND

Postcode/Zip Code (required) 1211 Phone, Fax or E-mail (required) \_\_\_\_\_

3 **To (Receiver)**

EPQ BANKRUPTCY Solutions

All Lehman Brothers Holdings

Clarus Process

#5th Floor

Oct 25 2011

New York

Postcode/Zip Code (required) NY 10047 Country USA

Contact person \_\_\_\_\_ Phone, Fax or E-mail (required) \_\_\_\_\_

4 **Shipment details**

Total number of packages	Total Weight	Dimensions in cm			
		Pieces	Length	Width	Height
1	kg	@	x	x	x
	g	@	x	x	x
		@	x	x	x
		@	x	x	x

5 **Full description of contents**

Give content and quantity

No Value Document

6 **Non-Document Shipments Only (Customs Requirement)**

Attach the original and four copies of a Proforma or Commercial Invoice Shipper's VAT/GST number Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs (as on commercial/proforma invoice)

Harmonised Commodity Code if applicable

TYPE OF EXPORT ☐ Permanent ☐ Repair / Return ☐ Temporary

Destination duties/taxes if left blank receiver pays duties/taxes

☐ Receiver ☐ Shipper ☐ Other specify approved account number

7 **Shipper's agreement (Signature required)**

Unless otherwise agreed in writing, I/we agree that DHL's terms and Conditions of Carriage via all the modes of the contract between me/us and DHL and (1) such terms and Conditions and, where applicable, the conditions of the contract between me/us and DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse)

Signature \_\_\_\_\_ Date 24/10/11

8 **Services**

☐ Domestic ☐ International ☐ Document ☐ Non-Documents

Not all services are available in and from all locations

☐ Express 9 (11:50 to the USA)

☐ Express 12

☐ Express / Worldwide

☐ Express Envelope

☐ Other \_\_\_\_\_

Optional Services (extra charges may apply)

☐ Saturday Delivery ☐ Special Pick-Up

☐ Delivery Notification

☐ Other \_\_\_\_\_

DHL Global Mail ☐ GMS Standard ☐ Other

CHARGES

kg \_\_\_\_\_ g

Other \_\_\_\_\_

Insurance \_\_\_\_\_

VAT \_\_\_\_\_

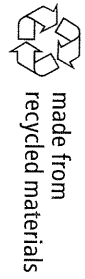
CURRENCY TOTAL

TRANSPORT COLLECT STICKER No.

Picked up by \_\_\_\_\_

Route No. 1303

Date \_\_\_\_\_



made from  
recycled materials

Please ensure necessary documentation is complete,

AFFIX TRANSPORT LABEL HERE

PLACE COMPLETED WAYBILL

EXPRESS WORLDWIDE

10017, United States

JFK

US-2

Account No. 180208279

tel code

Consignee / Parcel copy

Weight 0.60 kg

Place 1/1

Content description:

WAYBILL 44 0882 794

(2L)U810017 + 42000000